

Family PACT: Sterilization Consent Form

This section contains information to help providers understand the regulations connected with the sterilization *Consent Form* (PM 284).

Sterilization Consent Policy	Providers must be in compliance with the requirements of the state sterilization regulations, <i>California Code of Regulations (CCR)</i> , Title 22, Sections 70037.1 and 70707.1 – 70707.8.
Informing Client is Required	<p>The client must be provided with the information required by these regulations as adopted by the Department of Health Services (DHS). The informed consent process should include, but is not be limited to, an assessment of the client's comprehension of:</p> <ul style="list-style-type: none">• Alternative family planning methods that are available and temporary.• The permanence and irreversibility of the procedure.• The discomforts, risks, and benefits associated with the operation.
Client and Provider Must Sign Consent Form	The client and provider must sign the sterilization <i>Consent Form</i> (PM 284) in accordance with the state sterilization regulations.
State Regulations Apply	<p>State regulations for sterilization consents (PM 284) apply to Family PACT clients.</p> <p>These regulations include:</p> <ul style="list-style-type: none">• Clients must be 18 years of age and older.• Consent must be signed at least 72 hours prior to the procedure and no more than 180 days prior to the procedure.
Record Retention Requirements	The sterilization <i>Consent Form</i> must be retained in the client's medical record.

**Ordering Sterilization
Consent Form (PM 284)**

To obtain a supply of sterilization *Consent Form*(s) (PM 284), providers must submit their request, using *DHS Order Form (DHS 2031)*, to the DHS warehouse. The *DHS Order Form* may be obtained by mailing a request for DHS 2031 on provider letterhead to the DHS Warehouse at the following address, or by faxing a request for the DHS 2031 on provider letterhead to (916) 928-1326.

Attention: Norma Cline
Department of Health Services Warehouse
1037 North Market Street, Suite #9
Sacramento, CA 95834

Providers may call the DHS Warehouse at (916) 928-9203 for information. (The DHS warehouse provides instructions for ordering forms but accepts no telephone requests for forms.)

Claim Form Completion

HCFA 1500 claim form: State in the *Reserved For Local Use* field (Box 19) that the "PM 284 Consent form was signed on MM/DD/YY."

UB-92 Claim Form: State in the *Remarks* area (Box 84) that the "PM 284 Consent form was signed on MM/DD/YY."

Note: Claim information must name the *Consent Form* (PM 284) and the date of client signature. Do not submit the actual consent form.

Sample Form

A sample sterilization *Consent Form* (PM 284) appears at the end of this section.

CONSENT FORM (NON-FEDERALLY FUNDED)

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from _____
_____. When I first
(Doctor or Clinic)

asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I understand that I can change my mind at any time.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED **PERMANENT AND NOT REVERSIBLE**. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will undergo an operation known as a _____
_____. The discomforts, risks, and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form except in specific instances that have been fully explained to me.

I wish to waive the 30-day waiting period to _____ days.

I am at least 18 years of age
or
 I am under 18 AND

- I have entered into a valid marriage, or
- I am on active duty with the U.S. armed services, or
- I have received a declaration or emancipation pursuant to Section 64 of the Civil Code, or
- I am over 15 years old, live apart from my parents or guardians and manage my own financial affairs.

I was born on _____
_____, _____, _____, hereby consent
of my own free will to undergo an operation intended to sterilize me to be performed by _____
(Doctor)

by a method called _____
I am not in labor and it has been at least 24 hours since I gave birth or had an abortion. I am not seeking to obtain or obtaining an abortion at this time.

I am not under the influence of alcohol or other substances that affect my state of awareness.

I understand that I may have a witness of my choice present during the time my consent is obtained.

My consent expires 180 days from the date of my signature below.

I have received a copy of this form.

Signature Date: _____
Month Day Year

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____
language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

Interpreter Date

STATEMENT OF PERSON OBTAINING CONSENT

Before _____ signed the
(Name of individual)
consent form, I explained to him/her the nature of the sterilization operation

_____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

I certify that I explained orally to the person to be sterilized the requirements for informed consent as set forth on this form and in applicable regulations.

Signature of Person Obtaining Consent Date

Facility

Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon _____
_____ on

Name of the individual to be sterilized

_____, I explained to

Date of Sterilization Operation

him/her the nature of the sterilization operation _____, the

Specify type of operation

fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery, or emergency abdominal surgery, or patient waiver where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) I certify that this sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- a Premature delivery
- Individual's expected date of delivery:
- b Emergency abdominal surgery:
(describe circumstances):

Date individual intended to be sterilized:

c Patient waived the 30-day waiting period to _____ days
(Not less than 72 hours.) ProPubs 8/01

Physician

Date